

EXHIBIT 11

Network Reference Tool

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OptumHealth

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[07/02/12](#) [05/23/12](#) [05/02/12](#) [04/11/12](#) [03/29/12](#)**Content Owner:** Dawn Waggoner and Laurie Kleman**Provider Name:** OptumHealth**PIN#:** 9837723**TIN#:** 411591944**Tin/Group Affiliated:****Current Contract Effective Date:** 04/15/12**Region:** Southeast**Market:** Washington DC, Virginia, North Carolina and South Carolina**Plan Participation:** All Commercial and Medicare plans. The following plans are excluded AWCA, Indemnity (Traditional), Aetna International, Aetna Signature Administrators, Strategic Resource Company (SRC), Cofinty and Meritain**Service Area:** NC01, NC02, NC04, NC05, NC06, NC29, SC01, SC02, SC04, SC05, VA01, VA02, VA03, VA04, DC01**Affiliations/Risk Group:****Delegation (Credentialing, Patient Management, Claims):** Credentialing, Patient Management, Claims**Other Tools**[PHI](#)[PHI-Affiliate](#)
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- Effective 4/15/2012, OptumHealth became a contracted vendor for physical (PT) and occupational therapy (OT) for patients enrolled in all Aetna Benefits Plans including Medicare Advantage, as well as Aetna Student Health. Aetna International became effective with Optum Health as of 9/15/2012 except for those specific groups named on the Opt Out Sponsor List. The exception of plans participating are Traditional Choice, AWCA, Aetna Signature Administrators, Cofinty and Meritan

EXHIBIT <u>9</u>	
Deponent	<u>Waggoner</u>
Date	<u>10/26/17</u> Rptr. <u>RT</u>

CONFIDENTIAL—ATTORNEYS' EYES ONLY**AETNA-PETERS-00003056**

- OptumHealth will build and maintain the freestanding outpatient PT/OT network for all products. The market will no longer directly contract for these services, rather directing interested providers to OptumHealth. This agreement will cover all outpatient PT/ OT, we will not require hospitals or Medical offices with PT and OT physicians providing these services to contract with OptumHealth. Their individual Aetna agreements will continue to stipulate payment for services
- OptumHealth manages free standing PT and OT. This includes credentialing, patient management and claim processing for all providers in their network (unless the plan sponsor has a full opt-out-see exclusion list) This will also include members who reside outside the service area but receive services by a OptumHealth provider in the above noted service area. In addition to claim payment, OptumHealth also completes utilization review for all Aetna members (noted in the GEO area) receiving services in a free standing facility and provider offices just doing PT & OT
- OptumHealth contracted providers should bill all services through OptumHealth. These contracted providers should NOT bill Aetna directly unless the plan sponsor is on the full OPT-OUT list. Please do NOT change the billing addresses for OptumHealth or any of their contracted therapy providers
- Only providers who are contracted with OptumHealth bill through OptumHealth. Providers not contracted with OptumHealth submit claims directly to Aetna
- OptumHealth contracted providers are listed in EPDB with their associated TIN/ locations/ billing address for the purposes of DocFind and directories. Additionally, each contracted provider is listed under the OptumHealth POIN of 55132 for the purposes of claims billed by OptumHealth for payment
- Members may not be familiar with OptumHealth name, as they can self-refer to contracted PT/OT providers
- Questions can be directed to Dawn Waggoner & Laurie Kleman

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Reason for Key Provider

- Preferred provider for Free Standing PT/OT in the markets of Washington DC, Virginia, North Carolina and South Carolina

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Reimburse/Contract Methodology

- OptumHealth will bill all PT/OT codes and in addition will bill 97139 on the majority of all claims This code should never be referenced to the member or another PT/OT Provider outside of OptumHealth. This is just a code we use in regards to contracting. All other codes on the claim are what was billed to OptumHealth from the actual Provider of Service

- We should never reference this code in a appeal or complaint response. This code is used as a denial mechanism for E-Tums but only for review reference internally. It is not to be put on any written documentation
- HMO and ACAS Platforms
- Case rate reimbursement to OptumHealth

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Complex Contract Issues/Exceptions

- OptumHealth contracts with various therapy clinics to provide office and outpatient PT/OT services
- OptumHealth contracted providers are to submit claims directly to Optumhealth for all services and should NOT bill Aetna directly(unless the plan sponsor has Full OPT-OUT provision
- OptumHealth contracted provider locations appear in the directory in outpatient PT/OT section under the individual facility name/ location
- There are some products completely carved out of the program:
 - Indemnity (Traditional)
 - Aetna International
 - Aetna Signature Administrators (ASA)
 - Aetna's Workers Compensation Access (AWCA)
 - Cofinity
 - Meritan
 - Strategic Resource Company (SRC)
- There are some Self Insured and Federal plan sponsors that have opted out of this program and are found on the [Se Optum Plan Sponsor Opt Out List](#). We have two tabs. The first tab is a full Opt Out and the second is a UM only OPT_out
- In respect to Plan Sponsors on the Full OPT OUT option, the claims will come in under the providers individual tax id number. The claims should bypass the POIN 55132 and process under the custom net ids of 5076, 5075, 4714, 5063 and pay from the direct contract or AMFS. If the plan sponsor is not under the Full OPT OUT option, the claim should follow the logic behind poin 55132.
- In respect to the UM OPT OOU option, these members are not managed by OptumHealth but claims will be processed by OptumHealth. These members will also fall under the Clinical Claim Review policy with Aetna and after 24 visits, Aetna will request records to review medical necessity
- Some offices will provide Speech Therapy in addition to PT and OT. The Speech Therapy services are to be billed directly to Aetna and the claim will process based on the Aetna direct agreement. All other services will deny and the EOB message will indicate to the Facility to bill OptumHealth.

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HMO Cap Arrangements

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Contract Nuances

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- If PST needs to send a list of Plan Sponsors who have Opted Out to assist Provider on where to bill claims, then have PST representative email SE Region Vendor Administration@aetna.com. The customer service representative will need to provide the email address where to send the file, along with contact name, phone number and provider's group name and tin. Only participating PT/OT contracted with POIN 55132 will be eligible to receive the confidential document
- Aetna will only be paying claims to OptumHealth. OptumHealth will be paying the providers.
- All denial EOB's will be issued by OptumHealth
- The denial information will be housed in the members record in ETUMS. Comments will be added indicating the denial
- Members will get letters indicating approvals or denial for pre-service requests
- Members will get EOB's from Optum if a claim is denied by OptumHealth. Members will be held harmless unless the denial is due to eligibility or benefits
- Provider Services for OptumHealth Providers Only- 1-800-344-4584
- Inquiries pertaining to an authorization General Provider Inquiries Claim Inquiries
- OptumHealth Website Forms, Authorization and Claim Inquiries, General Program Information www.ny.optumhealthphysicalhealth.com
- All claims for providers in the Optumhealth network (POIN 55132) should be billed directly to OptumHealth:

Claims for this plan are submitted directly to OptumHealth via:

- OptumInsightSM
- Emdeon® (Payer ID: 41161)
- Capario® (Payor ID: ACN01)
- Mail (CMS 1500) to:
OptumHealth
PO Box 8210
Kingston, NY 12402-8210

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Area: Benefit Determination Tools Site Mgt.

Contact: Purvi BhattSend Us an [Email](#)

With Your Feedback

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